



**KING GEORGE COUNTY
EMERGENCY HEALTH CARE PLAN**

Name: _____ Date: _____
School: _____ Grade: _____
Teacher: _____ Birth Date: _____

Health Concerns/Diagnosis:

Allergies: _____
Medications: _____ Dose/Time: _____

Emotional/behavioral concerns: _____
Dietary concerns/restrictions: _____
Activity restrictions: _____

Health Action Plan:

Parent Signature: _____ Date: _____
Physician Signature: _____ Date: _____

Contact Information

Parent/Guardian: _____ Home Phone: _____
Home Address:

Emergency Contact:

Phone: _____
Primary Care Physician:

Phone: _____